

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF

☐ Amended_____
Name of Minor Ward_____
Date of Birth**Annual Report
on the Condition
of the Minor Ward**

Case No. _____

1. LOCATION AND ADDRESS OF THE MINOR WARD

- A. The minor ward lives at (Street, City, County, State, Zip) _____,
- B. The minor ward's mailing address (if different) is (Street, City, State, Zip) _____.

2. HEALTH AND LIVING CONDITIONS OF THE MINOR WARD


- A. ☐ The ward lives with me.
☐ The ward does not live with me. I personally observe the living conditions and care of the minor ward
☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____
- B. Has the minor ward's health changed in the last year?
☐ No change ☐ Improved ☐ Worsened Please explain: _____

3. LEAST RESTRICTIVE ENVIRONMENT CONSISTENT WITH THE NEEDS OF THE MINOR WARD

- A. Is the minor ward living in the least restrictive environment? ☐ Yes ☐ No
- B. Has the minor ward been transferred to a more or less restrictive environment in the last year?
☐ No change. ☐ To a **less** restrictive environment. ☐ To a **more** restrictive environment.

Please explain change and date _____

4. RECOMMENDATIONS REGARDING THE MINOR WARD☐ See attached

File original with Court Official:	Send copy to: (Board or Agency)	Guardian(s)	
			
		Date Signed	Guardian's Telephone Number
		Guardian's Name and Address (<input type="checkbox"/> Check if address changed in last 12 months.)	